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Patent Department

## Facsimile Cover Sheet

TODAY'S DATE: August 7, 2006**PLEASE DELIVER THE FOLLOWING MESSAGE TO:**Examiners Name: Seaman, D Margaret MExaminer's fax number: (571) 273-8300Group number: 1625**THIS MESSAGE IS FROM:**Name: Curtis C. PanzerPhone No.: (732) 594-3199Mail Location: RY60-30Fax No.: (732) 594-4720**RE:** Applicants: D. Deschenes, et al.Case No.: MC050YPSerial No.: 10/517,416Filed: December 8, 2004Title: 8-(BIARYL)QUINOLINE PDE4 INHIBITORSNUMBER OF PAGES BEING TRANSMITTED (INCLUDING COVER): 18  
*Second Preliminary Amendment, attached.***IF YOU DO NOT RECEIVE ALL OF THE PAGES,  
PLEASE CALL (732) 594-0516****CERTIFICATION OF FACSIMILE TRANSMISSION****I hereby certify that this paper is being facsimile  
transmitted to the Patent and Trademark Office on the  
date shown below:**Kathleen A. Reynolds  
*Type or print name of person signing certification*Kathleen A. Reynolds  
*Signature*August 7, 2006  
*Date*

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PATENT  
CASE NO. MC050YP

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450In re application of: D. DESCHENES, ET ALSerial No. 10/517,416Filed December 8, 2004Group Art Unit 1625

Examiner \_\_\_\_\_

For: 8-(BIARYL)QUINOLINE PDE4 INHIBITORS

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below.

## CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>23</u>	-	** <u>31</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>1</u>	-	*** <u>3</u> =	<u>0</u> X	\$200	= <u>0.00</u>
Multiple Dependent Claims					\$360 ****	= _____
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,



By: Curtis C. Panzer

Attorney \_\_\_\_\_ for Applicant(s)

Reg. No. 33,752

MERCK &amp; CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-3199

IN DUPLICATE

Date: August 7, 2006

AUG 07 2006

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant : D. Deschenes, et al.

Serial No. : 10/517,416 Case MCO50YP Art Unit: 1625

Filed : December 8, 2004

For : 8-(BIARYL)QUINOLINE PDE4 INHIBITORS

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

## AMENDMENT AFTER FINAL REJECTION UNDER 35 USC 1.116

Dear Sir:

This is in response to a Final Action dated June 8, 2006, setting forth a shortened period for response ending September 8, 2006. Reconsideration of applicant's claims is requested. Any additional fees require in connection with this response may be taken from Merck Deposit Account No. 13-2755. Please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on Page 2 of this paper.

Remarks begin at page 16 of this paper.